Iowa Department of Human Services ADMINSTRATIVE ORDER FOR GENETIC TESTING FOR □ ALLEGED FATHER □ MOTHER □ CHILD(REN) COVER LETTER

Date:	Case Number:
	Court Order #:
To:	County:
	Alleged Father:
	Mother:
	Caretaker:
The attached order is to tell you about the	e genetic testing that you are required to do.
	r or the enclosed order, please contact the Child Support Recovery Unit listed below
if you have any questions about ans letter	tor the energied order, preuse contact the entire support receivery emit instead below.
	Child Support Recovery Unit
	
	Telephone:

Administrative Order for Genetic Testing for Alleged Father Mother Child(ren)	Child Support Recovery Unit Iowa Department of Human Services
Alleged Father: Mother: Caretaker: Dependents:	Docket No CSC No
Date Prepared:	
	of paternity, or the Child Support Recovery Unit (the Unit) wants rs requiring the mother, child(ren), and alleged father to submit
 ☐ The alleged father has contested paternity in this action. ☐ The mother has contested paternity in this action. ☐ The Unit is ordering genetic testing on its own initiative. 	
IT IS THEREFORE ORDERED THAT:	
1. Genetic testing to determine the paternity of the following	child(ren) be conducted:
Child's Name	Date of Birth
	er's license or other identification that has a photograph of her.
She shall comply with the laboratory's standard procedure for photographs.	identification including, but not limited to, fingerprinting and
☐ The alleged father,, shall	l appear at,
on the,,	at The alleged father,
, shall appear with his drive	er's license or other identification that has a photograph of him.
He shall comply with the laboratory's standard procedure for i	dentification including, but not limited to, fingerprinting and
photographs.	
☐ The child(ren)'s custodian,	, shall present the child(ren) named above at
	, on the day of
, at	
, shall appear with the	child(ren)'s to serve as
identification for the child(ren).	

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2. The blood or tissue samples shall be analyzed by	under the supervision of
, for compr	ehensive genetic testing of inherited characteristics, and for proper analysis
and interpretation of the results of the tests.	
3. The expert named above is directed to prepare a	verified report of the analysis and interpretation of the genetic test results,
mail copies of the report to the Unit, and forward the	original copy of the test report to the Clerk of Court of
County.	
4. If the verified expert's report concludes that the	test results show that is not exclude
and that the probability of his paternity is 95 % or hig	gher, there is a rebuttable presumption that he is the biological father, and
the evidence is sufficient as a basis for administrative	establishment of paternity.
To challenge the presumption of paternity, a party m	ust file a written notice of the challenge with the district court within 20
days from the date the genetic test results are issued of	or mailed to all parties. If a court hearing is scheduled to resolve the issue
of paternity, a party must file a written notice no later	than 30 days before the scheduled date of the court hearing, whichever is
later. Any subsequent rescheduling or continuances	of the originally scheduled hearing shall not extend the initial time frame.
Any challenge to a presumption of paternity resulting	from genetic tests, or to the genetic test results, filed after the initial time
frame shall not be accepted or admissible by the Unit	or the court.
5. The verified expert's report shall be admitted as	evidence to establish administrative paternity. If a court hearing is
scheduled to resolve the issue of paternity, the verifie	ed expert's report shall be admitted as evidence and is admissible at trial.
6. The costs of the genetic tests shall be paid by	·
7. If genetic testing excludes	as the biological father of the above child(ren), and no
challenge to the genetic tests is received, the Unit wil	l enter an order dismissing the action against
and the costs of t	he genetic tests shall be assessed against the Unit.
	Delivery of Order
Delivery of this order was made on the	doy of
	day of, nail to the last known address of the party or the last known address of
his/her attorney.	
Designee of the Administrator	 Date
•	Date
Child Support Recovery Unit	
	- -
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Telephone:	
Original Filed.	

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Copy to:		 	
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☐ IMPORTANT NOTICE TO THE ALLEGED FATHER

EVEN IF YOU HAVE ALREADY REQUESTED A COURT HEARING – IF YOU FAIL TO APPEAR FOR THE GENETIC TEST, THE UNIT WILL ENTER A DEFAULT ADMINISTRATIVE ORDER FINDING YOU TO BE THE FATHER OF

THE CHILD(REN) NAMED ABOVE, AND ORDERING YOU TO PAY SUPPORT, IF APPROPRIATE

¹ According to Iowa Code section 252F.3(6).

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